·	PTQ/S8/06 (08-03)
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er the Papenwork Reduction Act of 1995, no persons are required to respond to a collection of information untess	E OSDAYS II VALD ONE CONTO NOTICE.

PATE	Application or Docket Number 10/668 768								
	CLAIMS AS (Coa	FILED :	-PARTI	SMALL (NTITY	OR .		HER THAN ALL ENTITY	
FOR NUMBER FILED			NUMBE	R EXTRA	RATE	RATE FEE		RATE	FEE
ASIC FEE 17 CFR 1.18(a))					<u></u>	OR.		s	
OYAL CUAIMS 37 CFR 1,166(3)		minus 20			x 1		OR	× 5	
EDEPENDENT CLAMS	 			•		 			
7 CFR 1.18(b))	<u> </u>	minus 3			× 8		OR		
LLTIPLE DEPENDENT	CLAIM PRESEN	r (IT CFR 1.14(d))				OR	-	
Il the difference in colu	mn 1 is less tha	in 2010, er	ther "O" in column :	2.	TOTAL	L	OR	TOTAL	
ı CLA	IMS AS AMI	ENDED	- PART II						
0/20/04	(Caturan 1)		(Column 2)	(Column 3)	SMALL I	ENTITY	OR		THAN ENTITY
4	CLAIMS REMAINING AFTER		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TONAL	• -	RATE	ADDI- TIONAL FEE
Yotal '	LO .	Minus	" 20	• -	x s=		OR	x 5 •	762
Z Independent ·	13	Minus	3	• —	×4		08	v. i •	·
PRESENTATI	CHI CHE ME IL TIGAL	s necesia	ENT CLANA CO CO	R 1.16(0)	•		OR.		
/	-				TOTAL		1	TOTAL	
1/6/05	-				ADD'L FEE		OR	ADD'L FEE	
1/1/	(Cotumn 1)		(Cotumn 2) HIGHEST	(Cotumn 3)			3		
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21210	(Column 1)		(Column 2)	(Column 3)	, AUDITEE	_ <u>`</u> _	,	200,000	
	CLAIMS REMAINING AFTER		HIGHEST HUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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COT CPR LIBERS Z Independent v	<u>(00</u>	Minus	= 3	-			OR.	× s	
S WORLAND						1			
RRET PRESENTAT	ON OF MULTIPL	E DEPEND	ENTOLAM (STC	K 1,15(2)	YOTAL		OR	TOTAL	
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The regnest hunder previously Past For (10th or independent) is the important control and application of solution of information is required by 37 CFR 1.16. The information is required to obtain or rotain a benefit by the public which is to Sie (and by the USPTC to process) an application. Confidentially is governed by 23 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTC. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form serior suggestions for reducing this burden, chaude the serie to the Chief information Officer, U.S. Patient and Trademark Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number D. 668 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FEE FOR RATE FEE RATE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 a X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) X \$ X S minus 3 a OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II 10 OTHER THAN OR SMALL ENTITY (Cotumn 2) (Column 3) SMALL ENTITY (Column 1) CLAIMS REMAINING HIGHEST ENT PRESENT RATE ADDI-NUMBER PREVIOUSLY **EXTRA** IONAL PEE TIONAL AFTER PAID FOR AMENDMENT Minus ENDM Total (27 CFR 1.16(c)) D X \$ ЭR Minus Independent (37 CFR 1,16(b)) OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST PRESENT RATE ADDI-NUMBER PREVIOUSLY RATE ADDI REMAINING **EXTRA** TIONAL TIONAL **AFTER** FEE PAID FOR FEE MENDMENT ū Minus ENDM Total X S OR (37 CFR 1.18(c)) Minus Independent (37 CFR 1.16(b)) = X S OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Cotumn 2) (Column 3) (Column 1) HIGHEST CLAIMS PRESENT RATE ADDI-REMAINING NUMBER RATE ADDI ENT TIONAL TIONAL **EXTRA** AFTER AMENDMENT PREVIOUSLY PAID FOR FEE FEE Minus Total (37 CFR 1.18(c)) ı OR ENDN X S Minus Independent (37 CFR 1.15(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR + 5 TOTAL TOTA ADD'L FEE ADD'L FEE OR

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

					Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003									10668768					
	,	CLAIMS AS	FILED - (Column	-	MALL I		OR	THAN						
۲	TAL CLAIMS		1						FEE	1	RATE	FEE		
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то	TAL CHARGEA	BLE CLAIMS	f min	us 20=	* 9	グ		X\$ 9=		OR	X\$18=			
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10668768

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN TYPE		OR	OTHER SMALL	
TOTAL CLAIMS							1	RATE	FEE		RATE	FEE
FO	FOR NUMBER FILED					ER EXTRA		BASIC FEE		OR	BASIC FEE	750.00
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	A42=		OR	X84=	
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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** ADDIT. FEE OR TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.												